	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	**835 Claim Payment - 4010X091A1HIPAA Implementation Guide**															**Tennessee Specific Values**	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
3	ISA01	R	2	2	ID	R		1	INTERCHANGE CONTROL HEADER			Authorization Information Qualifier		00, 03		00, 03	Preferred value is 00
4	ISA02	R	10	10	AN	R		1	INTERCHANGE CONTROL HEADER			Authorization Information					EDI fills with spaces for the outbound if data not present.
5	ISA03	R	2	2	ID	R		1	INTERCHANGE CONTROL HEADER			Security Information Qualifier		00, 01		00, 01	Preferred value is 00
6	ISA04	R	10	10	AN	R		1	INTERCHANGE CONTROL HEADER			Security Information					EDI fills with spaces for the outbound if data not present.
7	ISA05	R	2	2	ID	R		1	INTERCHANGE CONTROL HEADER			Interchange ID Qualifier		01, 14, 20, 27, 28, 29, 30, 33, ZZ			Preferred value is ZZ
8	ISA06	R	15	15	AN	R		1	INTERCHANGE CONTROL HEADER			Interchange Sender ID				626001445TC	TennCare's ID 626001445TC for Outbound Transactions
9	ISA07	R	2	2	ID	R		1	INTERCHANGE CONTROL HEADER			Interchange ID Qualifier		01, 14, 20, 27, 28, 29, 30, 33, ZZ			
10	ISA08	R	15	15	AN	R		1	INTERCHANGE CONTROL HEADER			Interchange Receiver ID					Sender Trading Partner ID based upon submitted claim(s).
11	ISA09	R	6	6	DT	R		1	INTERCHANGE CONTROL HEADER			Interchange Date		Format: YYMMDD			System generated. 6 bytes.
12	ISA10	R	4	4	TM	R		1	INTERCHANGE CONTROL HEADER			Interchange Time		Format: HHMM			
13	ISA11	R	1	1	ID	R		1	INTERCHANGE CONTROL HEADER			Interchange Control Standards ID		U			
14	ISA12	R	5	5	ID	R		1	INTERCHANGE CONTROL HEADER			Interchange Control Version Number		00401			
15	ISA13	R	9	9	N0	R		1	INTERCHANGE CONTROL HEADER			Interchange Control Number					System generated. 9 bytes.
16	ISA14	R	1	1	ID	R		1	INTERCHANGE CONTROL HEADER			Acknowledgment Requested		0, 1			
17	ISA15	R	1	1	ID	R		1	INTERCHANGE CONTROL HEADER			Usage Indicator		P, T			Use T for Test Transactions and P for Production Transactions.
18	ISA16	R	1	1		R		1	INTERCHANGE CONTROL HEADER			Component Element Separator					Semicolon (;)
19	GS01	R	2	2	ID	**R**		**1**	**FUNCTIONAL GROUP HEADER**			Functional Identifier Code		HP			
20	GS02	R	2	15	AN	R		1	FUNCTIONAL GROUP HEADER			Application Sender's Code					Same as ISA06
21	GS03	R	2	15	AN	R		1	FUNCTIONAL GROUP HEADER			Application Receiver's Code					Same as ISA08
22	GS04	R	8	8	DT	R		1	FUNCTIONAL GROUP HEADER			Date		Format: CCYYMMDD			
23	GS05	R	4	8	TM	R		1	FUNCTIONAL GROUP HEADER			Time					Use this time for the creation time. The recommended and preferred format is HHMM.
24	GS06	R	1	9	N0	R		1	FUNCTIONAL GROUP HEADER			Group Control Number					
25	GS07	R	1	2	ID	R		1	FUNCTIONAL GROUP HEADER			Responsible Agency Code		X			
26	GS08	R	1	12	AN	R		1	FUNCTIONAL GROUP HEADER			Version/Release/ Industry ID Code		004010X091A1			

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2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
27	ST01	R	3	3	ID	R	1		TRANSACTION SET HEADER			Transaction Set Identifier Code		835	Identifies which Transaction Set we are processing	835	Autoplug '835'
28	ST02	R	4	9	AN	R	1		TRANSACTION SET HEADER			Transaction Set Control Number			Unique number assigned by originator for transaction set which must be unique in functional group, must be identical to segment SE02		
29	BPR01	R	1	2	ID	R	1		FINANCIAL INFORMATION			Transaction Handling Code		C, D, H, I, P, U, X		H, I	
30	BPR02	R	1	10	R	R	1		FINANCIAL INFORMATION			Monetary Amount	Total Actual Provider Payment Amount		Total Payment Amount for this 835. Total payment amount cannot exceed eleven characters, including decimals (99999999.99). Although the value can be zero, it cannot be issued for less than zero dollars.		
31	BPR03	R	1	1	ID	R	1		FINANCIAL INFORMATION			Credit/Debit Flag Code	Credit or Debit Flag Code	C		C	Value being plugged by translation map
32	BPR04	R	3	3	ID	R	1		FINANCIAL INFORMATION			Payment Method Code		ACH, BOP, CHK, FWT, NON		ACH, CHK, NON, FWT	
33	BPR05	S	1	10	ID	R	1		FINANCIAL INFORMATION			Payment Format Code		CCP, CTX	When BPR04=ACH, BPR05 is recommend. When BPR04 is any other code BPR05 should not be used.		When BPR04 is ACH, information in BPR05 through BPR15 must also be included.
34	BPR06	S	2	2	ID	R	1		FINANCIAL INFORMATION			(DFI) ID Number Qualifier	Depository Financial Institution (DFI) Identification Number Qualifier	01, 04	BPR06 through BPR09 relate to the originating financial institutional and the originator's account (payer).		When BPR04 is ACH, information in BPR05 through BPR15 must also be included.
35	BPR07	S	3	12	AN	R	1		FINANCIAL INFORMATION			(DFI) Identification Number	Sender DFI Identifier		Required when BPR04=ACH, BOP or FWT		
36	BPR08	S	1	3	ID	R	1		FINANCIAL INFORMATION			Account Number Qualifier		DA	Required when BPR04=ACH, BOP or FWT		
37	BPR09	S	1	35	AN	R	1		FINANCIAL INFORMATION			Account Number	Sender Bank Account Number				When BPR04 is ACH, information in BPR05 through BPR15 must also be included.
38	BPR10	S	10	10	AN	R	1		FINANCIAL INFORMATION			Originating Company Identifier	Payer Identifier		Must be the Federal Tax ID Number, preceded by a "1". When BPR10 is used, it must be identical to TRN03. Required when BPR04=ACH, BOP or FWT.	1626001445	When BPR04 is ACH, information in BPR05 through BPR15 must also be included.
39	BPR12	S	2	2	ID	R	1		FINANCIAL INFORMATION			(DFI) ID Number Qualifier	Depository Financial Institution (DFI) Identification Number Qualifier	01, 04	BPR12 through BPR15 relate to the receiving financial institutional and the receiver's account.	01	When BPR04 is ACH, information in BPR05 through BPR15 must also be included.
40	BPR13	S	3	12	AN	R	1		FINANCIAL INFORMATION			(DFI) Identification Number	Receiver or Provider Bank ID Number		Required when BPR04=ACH, BOP or FWT. BPR13 must be 9 digits when BPR12 = 01		This will be pulled from t_chk_no_state.num_vendor_aba if BPR04 = "ACH" or "FWT".
41	BPR14	S	1	3	ID	R	1		FINANCIAL INFORMATION			Account Number Qualifier		DA, SG	Required when BPR04=ACH, BOP or FWT		
42	BPR15	S	1	35	AN	R	1		FINANCIAL INFORMATION			Account Number	Receiver or Provider Account Number		Required when BPR04=ACH, BOP or FWT		This will be pulled from t_chk_no_state.num_vendor_acct if BPR04 = "ACH" or "FWT".
43	BPR16	R	8	8	DT	R	1		FINANCIAL INFORMATION			Date	Check Issue or EFT Effective Date		If BPR04=ACH, this code is the date that the money moves from the payer and is available to the payee. If BPR04=CHK, this code is the check issuance date. If BPR04=FWT, this code is the date that the payer anticipates the money to move. As long as the effective date is a business day, this is the settlement date. If BPR04=NON, enter the date of the 835		This will be pulled from t_chk_no_state.dte_issue if BPR04 = "ACH" or "FWT".

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2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
44	TRN01	R	1	2	ID	R	1		REASSOCIATION TRACE NUMBER			Trace Type Code	Check or EFT Trace Number	1		1	Value being plugged by translation map
45	TRN02	R	1	30	AN	R	1		REASSOCIATION TRACE NUMBER			Reference Identification	Check or EFT Trace Number		The number is assigned by the sender. Must be unique within the sender/receiver relationship. For example: If a payment is made by check, this number should be the check number. See 2.2.3 for use of trace number		This will be pulled from t_chk_no_state.num_check if BPR04 = "ACH" or "FWT".
46	TRN03	R	10	10	AN	R	1		REASSOCIATION TRACE NUMBER			Originating Company Identifier	Payer Identifier		Must Contain the Federal Tax ID Number, preceded by a "1". If BPR10 is used, it must be identical to TRN03.	1626001445	Value being plugged by translation map
47	TRN04	S	1	30	AN	R	1		REASSOCIATION TRACE NUMBER			Reference Identification	Originating Company Supplemental Code		If TRN04 and BPR11 are used, they must be identical.		
48	REF01	R	2	3	ID	S	1		RECEIVER IDENTIFICATION			Reference Identification Qualifier		EV		EV	
49	REF02	R	1	30	AN	S	1		RECEIVER IDENTIFICATION			Reference Identification	Receiver Identifier/Receiver Identification				**IF** Header Payment Group [payment_receiver_id] = Header Payee Group [payee_provider_id] **THEN** this segment is left blank **ELSE** map Header Payee Group [payee_provider_id]
50	DTM01	R	3	3	ID	S	1		PRODUCTION DATE			Date/Time Qualifier	Date Time Qualifier	405	Use this code for the end date for the adjudication production cycle for claims included in this 835	405	Value being plugged by translation map
51	DTM02	R	8	8	DT	S	1		PRODUCTION DATE			Date	Production Date				
52	N101	R	2	3	ID	R	1	1000A	PAYER IDENTIFICATION	1		Entity Identifier Code		PR		PR	Value being plugged by translation map
53	N102	S	1	60	AN	R	1	1000A	PAYER IDENTIFICATION	1		Name	Payer Name		Required if the National PlanID is not transmitted in N104.	State of Tennessee - Bureau of TennCare	
54	N301	R	1	55	AN	R	1	1000A	PAYER ADDRESS	1		Address Information	Payer Address Line			729 Church Street	
55	N302	S	1	55	AN	R	1	1000A	PAYER ADDRESS	1		Address Information	Payer Address Line		Required if a second address line exists.		
56	N401	R	2	30	AN	R	1	1000A	PAYER CITY, STATE, ZIP CODE	1		City Name	Payer City Name			Nashville	
57	N402	R	2	2	ID	R	1	1000A	PAYER CITY, STATE, ZIP CODE	1		State or Province Code	Payer State Code			TN	
58	N403	R	3	15	ID	R	1	1000A	PAYER CITY, STATE, ZIP CODE	1		Postal Code	Payer Postal Zone or ZIP Code			37247-6501	
59	PER01	R	2	2	ID	S	1	1000A	PAYER CONTACT INFORMATION	1		Contact Function Code	Payer Contact Name	CX		CX	Value being plugged by translation map
60	PER02	S	1	60	AN	S	1	1000A	PAYER CONTACT INFORMATION	1		Name			Required if identifying an individual or other contact point to discuss information related to this transaction. Use this data element when the name of the individual to contact is not already defined or is different than the name within the prior name segment (e.g. N1 or NM1).	State of Tennessee - Bureau of TennCare	
61	PER03	S	2	2	ID	S	1	1000A	PAYER CONTACT INFORMATION	1		Communication Number Qualifier		TE, EM, FX	Required if a contact communications number is to be transmitted.	TE	Value being plugged by translation map
62	PER04	S	1	80	AN	S	1	1000A	PAYER CONTACT INFORMATION	1		Communication Number	Payer Contact Communication Number		If telephone number is given, should be format AAABBBCCCC (AAA = Area Code, BBB = telephone prefix, CCCC = telephone #)	8003423145	
63	PER05	S	2	2	ID	S	1	1000A	PAYER CONTACT INFORMATION	1		Communication Number Qualifier		TE, EM, FX, EX			

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2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
64	PER06	S	1	80	AN	S	1	1000A	PAYER CONTACT INFORMATION	1		Communication Number	Payer Contact Communication Number		Required if a contact communications number is to be transmitted.		
65	N101	R	2	3	ID	R	1	1000B	PAYEE IDENTIFICATION	1		Entity Identifier Code		PE		PE	Value being plugged by translation map
66	N102	S	1	60	AN	R	1	1000B	PAYEE IDENTIFICATION	1		Name					
67	N103	R	1	2	ID	R	1	1000B	PAYEE IDENTIFICATION	1		Identification Code Qualifier		FI	Required value if the National Provider ID is mandated for use. Otherwise, one of the other listed codes may be used.	FI	Value being plugged by translation map
68	N104	R	2	80	AN	R	1	1000B	PAYEE IDENTIFICATION	1		Identification Code	Payee Identification Code				
69	N301	R	1	55	AN	S	1	1000B	PAYEE ADDRESS	1		Address Information	Payer Address Line				
70	N302	S	1	55	AN	S	1	1000B	PAYEE ADDRESS	1		Address Information	Payer Address Line		Required if a second address line exists.		
71	N401	R	2	30	AN	S	1	1000B	PAYEE CITY, STATE, ZIP CODE	1		City Name	Payer City Name				
72	N402	R	2	2	ID	S	1	1000B	PAYEE CITY, STATE, ZIP CODE	1		State or Province Code	Payer State Code				
73	N403	R	3	15	ID	S	1	1000B	PAYEE CITY, STATE, ZIP CODE	1		Postal Code	Payer Postal Zone or ZIP Code				
74	REF01	R	2	3	ID	S	>1	1000B	ADDITIONAL PAYEE IDENTIFICATION	1		Reference Identification Qualifier		0B, 1A, 1B, 1C, 1D, 1E, 1F, 1G, 1H, D3, G2, N5, PQ, TJ			
75	REF02	R	1	30	AN	S	>1	1000B	ADDITIONAL PAYEE IDENTIFICATION	1		Reference Identification	Additional Payer Identifier				
76	LX01	R	1	6	N0	S	1	2000	HEADER NUMBER	>1		Assigned Number					"0001" for first claim loop within ST. Add +1 for each claim loop. Begin New Loop for each claim type/claim status break.
77	CLP01	R	1	38	AN	R	1	2100	CLAIM PAYMENT INFORMATION	>1		Claim Submitter's Identifier	Patient Control Number		Use this number for the patient control number assigned by the provider. If the patient control number is not present on the incoming claim, enter zero. The value in CLP01 must be identical to any value received as a Claim Submitter's Identifier on the original claim (CLM01 of the ANSI ASC X12 837, if applicable). This data element is the primary key for posting the remittance Information into the provider's database.		**IF** Claim Header [claim_type] is populated **AND** Claim Header [patient_acct_num] is populated **THEN** map Claim Header [pateint_acct_num] **ELSE** autoplug '0'
78	CLP02	R	1	2	ID	R	1	2100	CLAIM PAYMENT INFORMATION	>1		Claim Status Code	Receiver Identifier/Receiver Identification	1-5, 10, 13, 15-17, 19-23, 25, 27		3, 4, 22	
79	CLP03	R	1	10	R	R	1	2100	CLAIM PAYMENT INFORMATION	>1		Monetary Amount	Total Claim Charge Amount		See 2.2.1, Balancing, in this implementation guide for additional information. This amount does not include interest. 1115 Use this monetary amount for the submitted charges for this claim. The amount can be zero or less, but the value in BPR02 may not be negative.		
80	CLP04	R	1	10	R	R	1	2100	CLAIM PAYMENT INFORMATION	>1		Monetary Amount	Claim Payment Amount		See 2.2.1, Balancing, in this implementation guide for additional information. This amount does not include interest. 1116 Use this monetary amount for the amount paid for this claim. It can be zero or less, but the value in BPR02 may not be negative.		

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2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
81	CLP05	S	1	10	R	R	1	2100	CLAIM PAYMENT INFORMATION	>1		Monetary Amount	Patient Responsibility Amount		Amounts in CLP05 should have supporting adjustments reflected in CAS segments at the CLP or SVC loop level with a Claim Adjustment Group (CAS01) code of PR (Patient Responsibility). Use this monetary amount for the payer's statement of the patient responsibility amount for this claim, which can include such items as deductible, non-covered services, co-pay, and co-insurance. This amount must be entered if it is greater than zero. See 2.2.1, Balancing, and 2.2.9, Interest and Prompt Payment Discounts, for additional information. For Medicare, this must be reported by carriers but is not used by intermediaries.		
82	CLP06	R	1	2	ID	R	1	2100	CLAIM PAYMENT INFORMATION	>1		Claim Filing Indicator Code		12-16, AM, CH, DS, HM, LM, MA, MB, MC, OF, TV, VA, WC	For many providers to electronically post the 835 remittance data to their patient accounting systems without human intervention, a unique, provider-specific insurance plan code is needed. This code allows the provider to separately identify and manage the different product lines or contractual arrangements between the payer and the provider. Because most payers maintain the same Originating Company Identifier in the TRN03/BPR10 for all product lines or contractual relationships, the CLP06 is used by the provider as a table pointer in combination with the TRN03/BPR10 to identify the unique, provider-specific insurance plan code needed to post the payment without human intervention. The value should mirror the value received in the original claim (2-005 SBR09 of the 837), if applicable, or provide the value as assigned or edited by the	MC	Autoplug 'MC' if Claim Header -- [int_control_number] is populated
83	CLP07	S	1	30	AN	R	1	2100	CLAIM PAYMENT INFORMATION	>1		Reference Identification	Payer Claim Control Number		Use this number for the payer's internal control number. This number must apply to the entire claim. Report service variations at the SVC loop. 1352 This must be provided whenever the PAYER assigns an internal claim number and desires this reference from the provider as a part of any customer service contact or appeal process.		
84	CLP08	S	1	2	AN	R	1	2100	CLAIM PAYMENT INFORMATION	>1		Facility Code Value	Facility Type Code		State the facility code here when the submitted code has been modified through adjudication. This code is expected to be from the same code list as that identified in the original claim. 1295 This number was received in CLM05-1 of the 837 claim.		
85	CLP09	S	1	1	ID	R	1	2100	CLAIM PAYMENT INFORMATION	>1		Claim Frequency Type Code	Claim Frequency Code		This data element is specific to institutional claims and is required when it was received on the original claim. This does not apply to other types of claims. 1296 This number was received in CLM05-2 of the 837 claim.		

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2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
86	CAS01	R	1	2	ID	S	99	2100	CLAIM ADJUSTMENT	>1		Claim Adjustment Group Code		CO CR OA PI PR	Evaluate the group codes in CAS01 based on the following order for their applicability to a set of one or more adjustments: PR, CO, PI, CR, OA. See 2.2.4, Claim Adjustment and Service Adjustment Segment Theory, for additional information. (Note: This does not mean that the adjustments must be reported in this order.)	CO CR OA PI PR	
87	CAS02	R	1	5	ID	S	99	2100	CLAIM ADJUSTMENT	>1		Claim Adjustment Reason Code	Adjustment Reason Code	External Code Source 139			
88	CAS03	R	1	10	R	S	99	2100	CLAIM ADJUSTMENT	>1		Monetary Amount	Adjustment Amount		Use this monetary amount for the adjustment amount. A negative amount increases the payment, and a positive amount decreases the payment contained in CLP04		
89	CAS04	S	1	15	R	S	99	2100	CLAIM ADJUSTMENT	>1		Quantity	Adjustment Quantity		A positive value decreases the paid units of service, and a negative number increases the paid units. 1440 This element may be used only when the units of service are being adjusted.		
90	CAS05	S	1	5	ID	S	99	2100	CLAIM ADJUSTMENT	>1		Claim Adjustment Reason Code	Adjustment Reason Code	External Code Source 139	Used when additional adjustments apply within the group identified in CAS01.		
91	CAS06	S	1	10	R	S	99	2100	CLAIM ADJUSTMENT	>1		Monetary Amount	Adjustment Amount		See CAS03. 1418 Used when additional adjustments apply within the group identified in CAS01.		
92	CAS07	S	1	15	R	S	99	2100	CLAIM ADJUSTMENT	>1		Quantity	Adjustment Quantity		See CAS04. 1418 Used when additional adjustments apply within the group identified in CAS01.		
93	CAS08	S	1	5	ID	S	99	2100	CLAIM ADJUSTMENT	>1		Claim Adjustment Reason Code	Adjustment Reason Code	External Code Source 139	Used when additional adjustments apply within the group identified in CAS01.		
94	CAS09	S	1	10	R	S	99	2100	CLAIM ADJUSTMENT	>1		Monetary Amount	Adjustment Amount		1121 See CAS03. 1418 Used when additional adjustments apply within the group identified in CAS01.		
95	CAS10	S	1	15	R	S	99	2100	CLAIM ADJUSTMENT	>1		Quantity	Adjustment Quantity		See CAS04. 1418 Used when additional adjustments apply within the group identified in CAS01.		
96	CAS11	S	1	5	ID	S	99	2100	CLAIM ADJUSTMENT	>1		Claim Adjustment Reason Code	Adjustment Reason Code	External Code Source 139	Used when additional adjustments apply within the group identified in CAS01.		
97	CAS12	S	1	10	R	S	99	2100	CLAIM ADJUSTMENT	>1		Monetary Amount	Adjustment Amount		See CAS03. 1418 Used when additional adjustments apply within the group identified in CAS01.		
98	CAS13	S	1	15	R	S	99	2100	CLAIM ADJUSTMENT	>1		Quantity	Adjustment Quantity		See CAS04. 1418 Used when additional adjustments apply within the group identified in CAS01.		
99	CAS14	S	1	5	ID	S	99	2100	CLAIM ADJUSTMENT	>1		Claim Adjustment Reason Code	Adjustment Reason Code	External Code Source 139	Used when additional adjustments apply within the group identified in CAS01.		
100	CAS15	S	1	10	R	S	99	2100	CLAIM ADJUSTMENT	>1		Monetary Amount	Adjustment Amount		See CAS03. 1418 Used when additional adjustments apply within the group identified in CAS01.		
101	CAS16	S	1	15	R	S	99	2100	CLAIM ADJUSTMENT	>1		Quantity	Adjustment Quantity		See CAS04. 1418 Used when additional adjustments apply within the group identified in CAS01.		
102	CAS17	S	1	5	ID	S	99	2100	CLAIM ADJUSTMENT	>1		Claim Adjustment Reason Code	Adjustment Reason Code	External Code Source 139	Used when additional adjustments apply within the group identified in CAS01.		
103	CAS18	S	1	10	R	S	99	2100	CLAIM ADJUSTMENT	>1		Monetary Amount	Adjustment Amount		See CAS03. 1418 Used when additional adjustments apply within the group identified in CAS01.		
104	CAS19	S	1	15	R	S	99	2100	CLAIM ADJUSTMENT	>1		Quantity	Adjustment Quantity		See CAS04. 1418 Used when additional adjustments apply within the group identified in CAS01.		
105	NM101	R	2	3	ID	R	1	2100	PATIENT NAME	>1		Entity Identifier Code		QC		QC	
106	NM102	R	1	1	ID	R	1	2100	PATIENT NAME	>1		Entity Type Qualifier		1		1	

835 Claim Payment - 4010X091A1HIPAA Implementation Guide

Tennessee Specific Values

	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
107	NM103	R	1	35	AN	R	1	2100	PATIENT NAME	>1		Name Last or Organization Name	Patient Last Name				
108	NM104	R	1	25	AN	R	1	2100	PATIENT NAME	>1		Name First	Patient First Name				
109	NM105	S	1	25	AN	R	1	2100	PATIENT NAME	>1		Name Middle	Patient Middle Name		If this data element is used and contains only one character, it is assumed to represent the middle initial. The middle name or initial is required when the individual has a middle name or initial and it is known.		
110	NM108	S	1	2	ID	R	1	2100	PATIENT NAME	>1		Identification Code Qualifier		34, HN, II, MI, MR	Required if the patient identifier is known or was reported on the health care claim.	MR,34	MR is used for most FFS claims.
111	NM109	S	2	80	AN	R	1	2100	PATIENT NAME	>1		Identification Code	Patient Identifier		Required if the patient identifier is known or was reported on the health care claim.		
112	NM101	R	2	3	ID	S	1	2100	CORRECTED PATIENT/INSURED NAME	>1		Entity Identifier Code		74		74	
113	NM102	R	1	1	ID	S	1	2100	CORRECTED PATIENT/INSURED NAME	>1		Entity Type Qualifier		1,2		1	
114	NM103	S	1	35	AN	S	1	2100	CORRECTED PATIENT/INSURED NAME	>1		Name Last or Organization Name	Corrected Patient or Insured Last Name		Required when corrected information for the Insured is available.		
115	NM104	S	1	25	AN	S	1	2100	CORRECTED PATIENT/INSURED NAME	>1		Name First	Corrected Patient or Insured First Name		Required when corrected information for the Insured is available. 1442 This element may only be used when NM102 is 1 (person).		
116	NM105	S	1	25	AN	S	1	2100	CORRECTED PATIENT/INSURED NAME	>1		Name Middle	Corrected Patient or Insured Middle Name		If this data element is used and contains only one character, it is assumed to represent the middle initial. 1423 Required when corrected information for the Insured is available. 1442 This element may only be used when NM102 is 1 (person).		
117	NM108	S	1	2	ID	S	1	2100	CORRECTED PATIENT/INSURED NAME	>1		Identification Code Qualifier		C		C	
118	NM109	S	2	80	AN	S	1	2100	CORRECTED PATIENT/INSURED NAME	>1		Identification Code	Corrected Insured Identification Indicator		Required when corrected information for the Insured is available.		
119	NM101	R	2	3	ID	S	1	2100	SERVICE PROVIDER NAME	>1		Entity Identifier Code		82		82	
120	NM102	R	1	1	ID	S	1	2100	SERVICE PROVIDER NAME	>1		Entity Type Qualifier		1,2		1,2	
121	NM103	S	1	35	AN	S	1	2100	SERVICE PROVIDER NAME	>1		Name Last or Organization Name	Rendering Provider Last or Organization Name		Required when needed to confirm the identifier in NM109.		
122	NM104	S	1	25	AN	S	1	2100	SERVICE PROVIDER NAME	>1		Name First	Rendering Provider First Name		If NM102 is a "2" this element is not used. 1426 Used when NM102=1 and the information is known.		
123	NM105	S	1	25	AN	S	1	2100	SERVICE PROVIDER NAME	>1		Name Middle	Rendering Provider Middle Name		If NM102 is a "2" this element is not used. 1062 If this data element is used and contains only one character, it is assumed to represent the middle initial. 1359 The Middle name or initial is required when the individual has a middle name or initial. 1426 Used when NM102=1 and the information is known.		
124	NM108	R	1	2	ID	S	1	2100	SERVICE PROVIDER NAME	>1		Identification Code Qualifier		BD, BS, FI, MC, PC, SL, UP, XX		MC	
125	NM109	R	2	80	AN	S	1	2100	SERVICE PROVIDER NAME	>1		Identification Code	Rendering Provider Identifier				

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	**835 Claim Payment - 4010X091A1HIPAA Implementation Guide**															**Tennessee Specific Values**	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
126	NM101	R	2	3	ID	S	2	2100	CORRECTED PRIORITY PAYER NAME	>1		Entity Identifier Code		PR		PR	
127	NM102	R	1	1	ID	S	2	2100	CORRECTED PRIORITY PAYER NAME	>1		Entity Type Qualifier		2		2	
128	NM103	R	1	35	AN	S	2	2100	CORRECTED PRIORITY PAYER NAME	>1		Name Last or Organization Name	Corrected Priority Payer Name				
129	NM108	R	1	2	ID	S	2	2100	CORRECTED PRIORITY PAYER NAME	>1		Identification Code Qualifier		AD, FI, NI, PI, PP, XV		PI	
130	NM109	R	2	80	AN	S	2	2100	CORRECTED PRIORITY PAYER NAME	>1		Identification Code	Corrected Priority Payer Identification Number				
131	REF01	R	2	3	ID	S	5	2100	OTHER CLAIM RELATED IDENTIFICATION - MEDICAL RECORD ID	>1		Reference Identification Qualifier		1L, 1W, 9A, 9C, A6, BB, CE, EA, F8, G1, G3, IG, SY	This information is required if this NM1 segment is present.	EA	
132	REF02	R	1	30	AN	S	5	2100	OTHER CLAIM RELATED IDENTIFICATION	>1		Reference Identification	Other Claim Related Identifier				
133	REF01	R	2	3	ID	S	5	2100	OTHER CLAIM RELATED IDENTIFICATION	>1		Reference Identification Qualifier		1L, 1W, 9A, 9C, A6, BB, CE, EA, F8, G1, G3, IG, SY	This information is required if this NM1 segment is present.	SY	
134	REF02	R	1	30	AN	S	5	2100	OTHER CLAIM RELATED IDENTIFICATION	>1		Reference Identification	Other Claim Related Identifier				
135	REF01	R	2	3	ID	S	10	2100	RENDERING PROVIDER IDENTIFICATION	>1		Reference Identification Qualifier		1A, 1B, 1C, 1D, 1G, 1H, D3, G2		1A, 1B, 1C, 1G, 1H, D3, G2	
136	REF02	R	1	30	AN	S	10	2100	RENDERING PROVIDER IDENTIFICATION	>1		Reference Identification	Rendering Provider Secondary Identifier				
137	DTM01	R	3	3	ID	S	4	2100	CLAIM DATE - FIRST DAY OF SERVICE	>1		Date/Time Qualifier		036, 050, 232, 233		232	
138	DTM02	R	8	8	DT	S	4	2100	CLAIM DATE	>1		Date	Claim Date				
139	DTM01	R	3	3	ID	S	4	2100	CLAIM DATE - LAST DAY OF SERVICE	>1		Date/Time Qualifier		036, 050, 232, 233		233	
140	DTM02	R	8	8	DT	S	4	2100	CLAIM DATE	>1		Date	Claim Date				
141	AMT01	R	1	3	ID	S	14	2100	CLAIM SUPPLEMENTAL INFORMATION	>1		Amount Qualifier Code		AU, D8, DY, F5, I, NL, T, T2, ZK, ZL, ZM, ZN, ZO, ZZ		AU	Autoplug 'AU'
142	AMT02	R	1	10	R	S	14	2100	CLAIM SUPPLEMENTAL INFORMATION	>1		Monetary Amount	Claim Supplemental Information Amount				
143	QTY01 -- 1st Repetition Covered Quantity	R	2	2	ID	S	15	2100	CLAIM SUPPLEMENTAL INFORMATION QUANTITY	>1		Quantity Qualifier		CA, CD, LA, LE, NA, NE, NR, OU, PS, VS, ZK, ZL, ZM, ZN, ZO		CA, NA, CD	CA
144	QTY02	R	1	15	R	S	15	2100	CLAIM SUPPLEMENTAL INFORMATION QUANTITY	>1		Quantity	Claim Supplemental Information Quantity				

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	**835 Claim Payment - 4010X091A1HIPAA Implementation Guide**															**Tennessee Specific Values**	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
145	QTY01 -- 2nd Repetition Non-Covered Quantity	R	2	2	ID	S	15	2100	CLAIM SUPPLEMENTAL INFORMATION QUANTITY	>1		Quantity Qualifier		CA, CD, LA, LE, NA, NE, NR, OU, PS, VS, ZK, ZL, ZM, ZN, ZO		CA, NA, CD	NA
146	QTY02	R	1	15	R	S	15	2100	CLAIM SUPPLEMENTAL INFORMATION QUANTITY	>1		Quantity	Claim Supplemental Information Quantity				
147	QTY01 -- 3rd Repetition Coinsurance Quantity	R	2	2	ID	S	15	2100	CLAIM SUPPLEMENTAL INFORMATION QUANTITY	>1		Quantity Qualifier		CA, CD, LA, LE, NA, NE, NR, OU, PS, VS, ZK, ZL, ZM, ZN, ZO		CA, NA, CD	CD
148	QTY02	R	1	15	R	S	15	2100	CLAIM SUPPLEMENTAL INFORMATION QUANTITY	>1		Quantity	Claim Supplemental Information Quantity				
149	SVC01-1	R	2	2	ID	S	1	2110	SERVICE PAYMENT INFORMATION	999		COMPOSITE MEDICAL PROCEDURE IDENTIFIER	Product or Service ID Qualifier	AD, ER, HC, ID, IV, N4, NU, RB, ZZ		AD, HC, N4, ID, NU	**IF** Claim Detail [procedure_code] is populated, **THEN** SVC01-1 = Claim Detail [procedure_type], SVC01-2 = Claim Detail [procedure_code], and SVC04 = Claim Detail [revenue_code] **ELSE** SVC01-1 = 'NU', SVC01-2 = Claim Detail [revenue_code]
150	SVC01-2	R	1	48	AN	S	1	2110	SERVICE PAYMENT INFORMATION	999		Product/Service ID Qualifier	Procedure Code			HC, NU, RB	**IF** Claim Detail [procedure_code] is populated, **THEN** SVC01-1 = Claim Detail [procedure_type], SVC01-2 = Claim Detail [procedure_code], and SVC04 = Claim Detail [revenue_code] **ELSE** SVC01-1 = 'NU', SVC01-2 = Claim Detail [revenue_code]
151	SVC01-3	S	2	2	AN	S	1	2110	SERVICE PAYMENT INFORMATION	999		Procedure Modifier					
152	SVC01-4	S	2	2	AN	S	1	2110	SERVICE PAYMENT INFORMATION	999		Procedure Modifier					
153	SVC01-5	S	2	2	AN	S	1	2110	SERVICE PAYMENT INFORMATION	999		Procedure Modifier					
154	SVC01-6	S	2	2	AN	S	1	2110	SERVICE PAYMENT INFORMATION	999		Procedure Modifier					
155	SVC01-7	S	1	80	AN	S	1	2110	SERVICE PAYMENT INFORMATION	999		Description	Procedure Code Description				
156	SVC02	R	1	10	R	S	1	2110	SERVICE PAYMENT INFORMATION	999		Monetary Amount	Line Item Charge Amount				
157	SVC03	R	1	10	R	S	1	2110	SERVICE PAYMENT INFORMATION	999		Monetary Amount	Line Item Provider Payment Amount				
158	SVC04	S	1	48	AN	S	1	2110	SERVICE PAYMENT INFORMATION	999		Product/Service ID	National Uniform Billing Committee Revenue Code				**IF** Claim Detail [procedure_code] is populated, **THEN** SVC01-1 = Claim Detail [procedure_type], SVC01-2 = Claim Detail [procedure_code], and SVC04 = Claim Detail [revenue_code] **ELSE** SVC01-1 = 'NU', SVC01-2 = Claim Detail [revenue_code]
159	SVC05	S	1	15	R	S	1	2110	SERVICE PAYMENT INFORMATION	999		Quantity	Units of Service Paid Count				If not present, the value is assumed to be one

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1	**835 Claim Payment - 4010X091A1HIPAA Implementation Guide**															**Tennessee Specific Values**	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
160	SVC06	S	N/A	N/A	N/A	S	1	2110	SERVICE PAYMENT INFORMATION	999					This is REQUIRED when the adjudicated procedure code provided in SVC01 is different from the submitted procedure code from the original claim. This is NOT USED when the submitted code is the same as the code on SVC01		
161	SVC06-1	R	2	2	ID	S	1	2110	SERVICE PAYMENT INFORMATION	999		Product/Service ID Qualifier	Product or Service ID Qualifier	AD, ER, HC, ID, IV, N4, NU, RB, ZZ		AD, HC, N4	
162	SVC06-2	R	1	48	AN	S	1	2110	SERVICE PAYMENT INFORMATION	999		Product/Service ID	Procedure Code				
163	SVC06-3	S	2	2	AN	S	1	2110	SERVICE PAYMENT INFORMATION	999		Procedure Modifier					
164	SVC06-4	S	2	2	AN	S	1	2110	SERVICE PAYMENT INFORMATION	999		Procedure Modifier					
165	SVC06-5	S	2	2	AN	S	1	2110	SERVICE PAYMENT INFORMATION	999		Procedure Modifier					
166	SVC06-6	S	2	2	AN	S	1	2110	SERVICE PAYMENT INFORMATION	999		Procedure Modifier					
167	SVC06-7	S	1	80	AN	S	1	2110	SERVICE PAYMENT INFORMATION	999		Description	Procedure Code Description				
168	SVC07	S	1	15	R	S	1	2110	SERVICE PAYMENT INFORMATION	999		Quantity	Original Units of Service Count				
169	DTM01	R	3	3	ID	S	3	2110	SERVICE DATE – SINGLE DATE OF SERVICE	999		Date/Time Qualifier	Date Time Qualifier	150, 151, 472		472	
170	DTM02	R	8	8	DT	S	3	2110	SERVICE DATE – SINGLE DATE OF SERVICE	999		Date	Service Date				
171	DTM01	R	3	3	ID	S	3	2110	SERVICE DATE – DETAIL FIRST DATE OF SERVICE	999		Date/Time Qualifier	Date Time Qualifier	150, 151, 472		150	Autoplug '150'
172	DTM02	R	8	8	DT	S	3	2110	SERVICE DATE – DETAIL FIRST DATE OF SERVICE	999		Date	Service Date				
173	DTM01	R	3	3	ID	S	3	2110	SERVICE DATE – DETAIL LAST DATE OF SERVICE	999		Date/Time Qualifier	Date Time Qualifier	150, 151, 472		151	Autoplug '151'
174	DTM02	R	8	8	DT	S	3	2110	SERVICE DATE – DETAIL LAST DATE OF SERVICE	999		Date	Service Date				
175	CAS01	R	1	2	ID	S	99	2110	SERVICE ADJUSTMENT	999		Claim Adjustment Group Code		CO, CR, OA, PI, PR		CO, CR, OA, PI, PR	
176	CAS02	R	1	5	ID	S	99	2110	SERVICE ADJUSTMENT	999		Claim Adjustment Reason Code	Adjustment Reason Code	External Code Source 139		External Code Source 139	
177	CAS03	R	1	10	R	S	99	2110	SERVICE ADJUSTMENT	999		Monetary Amount	Adjustment Amount		Use this monetary amount for the adjustment amount. A negative amount increases the payment, and a positive amount decreases the payment contained in SVC03 and CLP04		
178	CAS04	S	1	15	R	S	99	2110	SERVICE ADJUSTMENT	999		Quantity	Adjustment Quantity		This element may be used only when the units of service are being adjusted. A positive number decreases paid units, and a negative value increases paid units.		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	**835 Claim Payment - 4010X091A1HIPAA Implementation Guide**															**Tennessee Specific Values**	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
179	CAS05	S	1	5	ID	S	99	2110	SERVICE ADJUSTMENT	999		Claim Adjustment Reason Code	Adjustment Reason Code	External Code Source 139	See CAS02. 1437 Used when additional adjustments apply within the group identified in CAS01.	External Code Source 139	
180	CAS06	S	1	10	R	S	99	2110	SERVICE ADJUSTMENT	999		Monetary Amount	Adjustment Amount		See CAS03. 1437 Used when additional adjustments apply within the group identified in CAS01.		
181	CAS07	S	1	15	R	S	99	2110	SERVICE ADJUSTMENT	999		Quantity	Adjustment Quantity		See CAS04. 1437 Used when additional adjustments apply within the group identified in CAS01.		
182	CAS08	S	1	5	ID	S	99	2110	SERVICE ADJUSTMENT	999		Claim Adjustment Reason Code	Adjustment Reason Code	External Code Source 139	See CAS02. 1437 Used when additional adjustments apply within the group identified in CAS01.	External Code Source 139	
183	CAS09	S	1	10	R	S	99	2110	SERVICE ADJUSTMENT	999		Monetary Amount	Adjustment Amount		See CAS03. 1437 Used when additional adjustments apply within the group identified in CAS01.		
184	CAS10	S	1	15	R	S	99	2110	SERVICE ADJUSTMENT	999		Quantity	Adjustment Quantity		See CAS04. 1437 Used when additional adjustments apply within the group identified in CAS01.		
185	CAS11	S	1	5	ID	S	99	2110	SERVICE ADJUSTMENT	999		Claim Adjustment Reason Code	Adjustment Reason Code	External Code Source 139	See CAS02. 1437 Used when additional adjustments apply within the group identified in CAS01.	External Code Source 139	
186	CAS12	S	1	10	R	S	99	2110	SERVICE ADJUSTMENT	999		Monetary Amount	Adjustment Amount		See CAS03. 1437 Used when additional adjustments apply within the group identified in CAS01.		
187	CAS13	S	1	15	R	S	99	2110	SERVICE ADJUSTMENT	999		Quantity	Adjustment Quantity		See CAS04. 1437 Used when additional adjustments apply within the group identified in CAS01.		
188	CAS14	S	1	5	ID	S	99	2110	SERVICE ADJUSTMENT	999		Claim Adjustment Reason Code	Adjustment Reason Code	External Code Source 139	See CAS02. 1437 Used when additional adjustments apply within the group identified in CAS01.	External Code Source 139	
189	CAS15	S	1	10	R	S	99	2110	SERVICE ADJUSTMENT	999		Monetary Amount	Adjustment Amount		See CAS03. 1437 Used when additional adjustments apply within the group identified in CAS01.		
190	CAS16	S	1	15	R	S	99	2110	SERVICE ADJUSTMENT	999		Quantity	Adjustment Quantity		See CAS04. 1437 Used when additional adjustments apply within the group identified in CAS01.		
191	CAS17	S	1	5	ID	S	99	2110	SERVICE ADJUSTMENT	999		Claim Adjustment Reason Code	Adjustment Reason Code	External Code Source 139	See CAS02. 1437 Used when additional adjustments apply within the group identified in CAS01.	External Code Source 139	
192	CAS18	S	1	10	R	S	99	2110	SERVICE ADJUSTMENT	999		Monetary Amount	Adjustment Amount		See CAS03. 1437 Used when additional adjustments apply within the group identified in CAS01.		
193	CAS19	S	1	15	R	S	99	2110	SERVICE ADJUSTMENT	999		Quantity	Adjustment Quantity		See CAS04. 1437 Used when additional adjustments apply within the group identified in CAS01.		
194	REF01	R	2	3	ID	S	7	2110	SERVICE IDENTIFICATION	999		Reference Identification Qualifier		1S, 6R, BB, E9, G1, G3, LU, RB		6R, E9, G1	Autoplug '6R'. E9, G1 are for future reference.
195	REF02	R	1	30	AN	S	7	2110	SERVICE IDENTIFICATION	999		Reference Identification	Provider Identifier				
196	REF01	R	2	3	ID	S	10	2110	RENDERING PROVIDER INFORMATION	999		Reference Identification Qualifier		1A, 1B, 1C, 1D, 1G, 1H, 1J, HPI, SY, TJ		1D	Autoplug '1D'
197	REF02	R	1	30	AN	S	10	2110	RENDERING PROVIDER INFORMATION	999		Reference Identification	Rendering Provider Identifier				
198	AMT01	R	1	3	ID	S	12	2110	SERVICE SUPPLEMENTAL AMOUNT	999		Amount Qualifier Code		B6, DY, KH, NE, T, T2, ZK, ZL, ZM, ZN, ZO		B6	Autoplug 'B6'
199	AMT02	R	1	10	R	S	12	2110	SERVICE SUPPLEMENTAL AMOUNT	999		Monetary Amount	Service Supplemental Amount				
200	LQ01	R	1	3	ID	S	99	2110	HEALTH CARE REMARK CODES	999		Code List Qualifier Code		HE, RX		HE	
201	LQ02	R	1	30	AN	S	99	2110	HEALTH CARE REMARK CODES	999		Industry Code	Remark Code				

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	**835 Claim Payment - 4010X091A1HIPAA Implementation Guide**															**Tennessee Specific Values**	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
202	PLB01	R	1	30	AN	S	>1		PROVIDER ADJUSTMENT			Reference Identification	Provider Identifier				
203	PLB02	R	8	8	DT	S	>1		PROVIDER ADJUSTMENT			Date	Fiscal Period Date		Use this date for the last day of the provider's fiscal year. If the end of the provider's fiscal year is not known by the payer, use December 31st of the current year.		YYYY1231 Where YYYY = Current Year
204	PLB03	R	N/A	N/A	N/A	S	>1		PROVIDER ADJUSTMENT						This code is a composite data structure. The composite identifies the reason and identifying information for the adjustment dollar amount in PLB04		
205	PLB03-1	R	2	2	ID	S	>1		PROVIDER ADJUSTMENT		PLB03-1	Adjustment Reason Code		51,72,90,AH,AM, AP,B2,BD,BN,C 5,CR,CS,CT,CV, CW,DM,E3,FB,F C,GO,IP,IR,IS,J1 ,L3,L6,LE,LS,OA ,OB,PI,PL,RA,R E,SL,TL,WO,W U,ZZ		72	
206	PLB03-2	S	1	30	AN	S	>1		PROVIDER ADJUSTMENT		PLB03-2	Reference Identification	Provider Adjustment Identifier		Non-Medicare payers report any internally assigned reference identifier for the related adjustment. Medicare Intermediaries must enter the applicable Medicare code (see notes in PLB03-1) in positions 1-2, the Financial Control Number or other pertinent id in positions 3-19, and the patient's HIC number in positions 20-30 when the adjustment is related to a previously processed claim.		
207	PLB04	R	1	10	R	S	>1		PROVIDER ADJUSTMENT			Monetary Amount	Provider Adjustment Amount				
208	PLB05	S	N/A	N/A	N/A	S	>1		PROVIDER ADJUSTMENT						This code is a composite data structure. The composite identifies the reason and identifying information for the adjustment dollar amount in PLB04		
209	PLB05-1	R	2	2	ID	S	>1		PROVIDER ADJUSTMENT		PLB05-1	Adjustment Reason Code			see PLB03-1		
210	PLB05-2	S	1	30	AN	S	>1		PROVIDER ADJUSTMENT		PLB05-2	Reference Identification	Provider Adjustment Identifier		see PLB03-2		
211	PLB06	S	1	10	R	S	>1		PROVIDER ADJUSTMENT			Monetary Amount	Provider Adjustment Amount				
212	PLB07	S	N/A	N/A	N/A	S	>1		PROVIDER ADJUSTMENT						This code is a composite data structure. The composite identifies the reason and identifying information for the adjustment dollar amount in PLB04		
213	PLB07-1	R	2	2	ID	S	>1		PROVIDER ADJUSTMENT		PLB07-1	Adjustment Reason Code			see PLB03-1		
214	PLB07-2	S	1	30	AN	S	>1		PROVIDER ADJUSTMENT		PLB07-2	Reference Identification	Provider Adjustment Identifier		see PLB03-2		
215	PLB08	S	1	10	R	S	>1		PROVIDER ADJUSTMENT			Monetary Amount	Provider Adjustment Amount				
216	PLB09	S	N/A	N/A	N/A	S	>1		PROVIDER ADJUSTMENT						This code is a composite data structure. The composite identifies the reason and identifying information for the adjustment dollar amount in PLB04		

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	**835 Claim Payment - 4010X091A1HIPAA Implementation Guide**															**Tennessee Specific Values**	
2	Element ID	Elem Use	Min Len	Max Len	Data Type	Seg Use	Seg Rep	Loop ID	Loop Name	Loop Rep	Comp Seq ID	DED Name	Industry Name or Alias	HIPAA Valid Values	HIPAA Notes	TN Valid Values	TN Notes
217	PLB09-1	R	2	2	ID	S	>1		PROVIDER ADJUSTMENT		PLB09-1	Adjustment Reason Code			see PLB03-1		
218	PLB09-2	S	1	30	AN	S	>1		PROVIDER ADJUSTMENT		PLB09-2	Reference Identification	Provider Adjustment Identifier		see PLB03-2		
219	PLB10	S	1	10	R	S	>1		PROVIDER ADJUSTMENT			Monetary Amount	Provider Adjustment Amount				
220	PLB011	S	N/A	N/A	N/A	S	>1		PROVIDER ADJUSTMENT						This code is a composite data structure. The composite identifies the reason and identifying information for the adjustment dollar amount in PLB04		
221	PLB11-1	R	2	2	ID	S	>1		PROVIDER ADJUSTMENT		PLB11-1	Adjustment Reason Code			see PLB03-1		
222	PLB11-2	S	1	30	AN	S	>1		PROVIDER ADJUSTMENT		PLB11-2	Reference Identification	Provider Adjustment Identifier		see PLB03-2		
223	PLB12	S	1	10	R	S	>1		PROVIDER ADJUSTMENT			Monetary Amount	Provider Adjustment Amount				
224	PLB013	S	N/A	N/A	N/A	S	>1		PROVIDER ADJUSTMENT						This code is a composite data structure. The composite identifies the reason and identifying information for the adjustment dollar amount in PLB04		
225	PLB13-1	R	2	2	ID	S	>1		PROVIDER ADJUSTMENT		PLB13-1	Adjustment Reason Code			see PLB03-1		
226	PLB13-2	S	1	30	AN	S	>1		PROVIDER ADJUSTMENT		PLB13-2	Reference Identification	Provider Adjustment Identifier		see PLB03-2		
227	PLB14	S	1	10	R	S	>1		PROVIDER ADJUSTMENT			Monetary Amount	Provider Adjustment Amount				
228	SE01	R	1	10	N0	R		1	TRANSACTION SET TRAILER			Number of Included Segments	Transaction Segment Count		The Transaction Set Control Numbers in ST02 and SE02 must be identical. The originator assigns the Transaction Set Control Number, which must be unique within a functional group (GS-GE)		
229	SE02	R	4	9	AN	R		1	TRANSACTION SET TRAILER			Transaction Set Control Number				=ST02	
230	GE01	R	1	6	N0	R			FUNCTIONAL GROUP TRAILER			Number of Transaction Sets Included					
231	GE02	R	1	9	N0	R			FUNCTIONAL GROUP TRAILER			Group Control Number		= GS06		= GS06	
232	IEA01	R	1	5	N0	R			INTERCHANGE CONTROL TRAILER			Number of Included Functional Groups					
233	IEA02	R	9	9	N0	R			INTERCHANGE CONTROL TRAILER			Interchange Control Number		= ISA13		= ISA13	